BOSTON MEDICAL
AUG 3 1886
LIBRARY ASS'N.

THE

Southern Medical Record.

EDITORS:

THOMAS S. POWELL, M.D. R. C. WORD, M.D.

R. C. WORD, M.D., Managing Editor.

☞All Communications and Letters on Business connected with the RECORD must be addressed to the Managing Editor.

VOL. XV. ATLANTA, GA., APRIL 20, 1885. No. 4.

ORIGINAL AND SELECTED ARTICLES.

SUCCESSFUL TREATMENT OF CANCER WITH ARSENIC.

By J. McF. GASTON, M.D.,

Professor of Principles and Practice of Surgery in the SOUTHERN MEDICAL COLLEGE, Atlanta, Georgia.

The ample provision made by two benefactors of suffering humanity for a cancer hospital in New York gives an importance at present to any measure of treatment for malignant tumors which affords a reasonable prospect of success. Two articles which appeared in the SOUTHERN MEDICAL RECORD of April 20th and of December the 20th in the past year, from Dr. H. M. Lawson, of Cuthbert, Ga., entitled, respectively, "On Malignant Diseases" and "Epithelioma," are entitled to special consideration as urging the arsenical medication of this class of diseases. In view of the evident fairness and good faith in the report of his salutary results, the medical profession should feel warranted in resorting to this agent for the correction of the true cancerous cachexy and the consequent modification of malignant tumors. Preliminary to entering upon the arsenical treatment, he insists upon using rhubarb as a laxative, and likewise in connection with it, if the arsenic does not act on the bowels. He states that one-eighth of a grain of arsenious acid will generally prove laxative; therefore, it is a good

dose to begin with; but should it fail to impress the bowels, within three hours, a laxative dose of the rhubarb should be given, and repeated every three hours, until the bowels move. On the next morning, give one-fourth of a grain; and should this dose fail to prove laxative, pursue the same treatment with the rhubarb, until the laxative dose of arsenic is reached, when it is to be given every morning with a cup of hot coffee before breakfast.

The bowels becoming accustomed to that quantity, add one-eighth grain to the next dose given, and the laxative effect is to be maintained by adding the last-mentioned quantity as often as the case requires during the course of treatment. This augmentation may be safely continued until the dose reaches two grains, and few cases, if any, require a larger dose than one grain per day.

When the pain or other sensation ceases, a solution of the chloride of zinc, ten grains to the ounce of water, increased, if necessary, so as to produce a profuse discharge, will be found a serviceable resource. As soon as the morbid structures have melted down under the action of the caustic solution, he finds new, clean tallow superior to anything else as a dressing.

The arsenic should be continued in all cases until the parts are healed, and for a week afterward.

In withdrawing the remedy, especially if it has been found necessary to continue it longer than six weeks, or when it was necessary to increase it several times, it is not well to discontinue it too suddenly. Care must be taken to keep the bowels gently open during the entire time of withdrawing the remedy.

We are informed that the first dose of arsenic will be apt to produce nausea and, sometimes, vomiting, attended by slight pains in the stomach and griping pains in the bowels, somewhat like the effects of a drastic cathartic, but not so severe; but these effects are confined to the initial dose, the succeeding ones producing no unpleasant effects, but rather the contrary, nor is any further disturbance experienced unless it becomes necessary to increase the dose. All these unpleasant effects cease as soon as the bowels are moved, and are succeeded by a keen appetite and a feeling of excitement.

In view of the happy issue of a case in which there was lancinating pain and a peculiar sensation as of the gnawing and crawling of ants, after using arsenic for ten months, I was impressed with the efficacy of this mode of treatment, and determined that when an unmistakable case of malignant disease should present itself I would test these herculean doses of arsenic.

Accordingly, there appeared at my clinic on the 31st Dec., 1884,

a man with a well-defined encephaloid tumor, having all the characteristics of fungus hæmatodes, located immediately beneath the right ear, with its anterior border encroaching upon the angle of jaw and the posterior margin covering the mastoid process, while it descended upon the sterno-cleido mastoid muscle.

The patient exhibited the cancerous cachexy most emphatically, and the diagnosis was further corroborated by the circumstance that an operation had previously been performed for the removal of the tumor, with its prompt reproduction in the same locality.

After drawing the attention of the class of the Southern Medical College to the cauliflower protuberance on all sides of the elevated growth that exuded a bloody serum, I prescribed 5 drop doses of Fowler's arsenical solution three times a day, with instructions to add a drop every alternate day until he should reach ten drops of the solution three times a day.

After using the remedy in this form for nearly a month, I changed it for the arsenious acid in the dose of $\frac{1}{4}$ grain daily with a cup of hot coffee before his morning meal, and so soon as tolerance of this was apparent a second dose was given before dinner, and ultimately he took a third dose before supper, with indications of improvement in all respects. About the first of March the dose was increased to $\frac{1}{3}$ grain of arsenious acid three times a day, and continued for ten days, when he manifested signs of constitutional disturbance, with some puffing under the eyes and tenderness over the epigastrium, with evident modification in the character of the tumor. All the indications of a malignant growth having disappeared, and a marked diminution in its proportions being evident, while the raw surface had shrunk down to the level of the surrounding integument, there were still exuberant granulations accompanied with a purulent discharge. Up to this time a simple aseptic local dressing of vaseline ℥ j, with carbolic acid and camphor, each ℥ 1, had been applied with absorbent cotton; but then I prescribed vaseline ℥ j, with chloride of zinc 30 grs., on a piece of cloth upon the raw surface daily. At this period, on the 10th of March, one-third of the arsenious acid was abstracted, leaving him to take $\frac{1}{3}$ grain before his breakfast and a like quantity before supper. At the expiration of another ten days he was ordered to stop the evening portion, and has since continued taking only one-third of a grain before breakfast. The acceleration of the pulse, with the slight signs of bloating about the face, have disappeared under this reduction of the daily dose, and his appetite, which had become somewhat impaired, is now being restored, while the tenderness and distention of the epigastrium gives no further inconvenience.

The exuberant granulations having been repressed by the local application of the chloride of zinc, it has been discontinued, and a simple plaster of basilicon ointment on a cloth covers the granulating surface. It appears, not only to myself, but to various colleagues who have observed the progress of this case under the arsenical course, that while a specific taint remained in his system there was a tolerance of the arsenic, but as soon as there was a marked change in the general and local indications of disease for the better, the peculiar effects of this agent become more developed. We may reason from the analogy afforded in the tolerance of iodide of potash by subjects of syphilis that a similar diminished susceptibility to the effects of arsenic is conferred by the existence of malignant disease, and that, consequently, when it is combatted the influence of the arsenic should be more shown, as in this case, upon the evidence of a decline in the specific element.

Frequent evacuations from the bowels accompanied the other evidences of arsenical disturbance during the latter period of the full dose of 1 grain per day, and this has also ceased with the reduction of the quantity to $\frac{1}{3}$ grain a day. It is my intention to fall back to $\frac{1}{4}$ grain of arsenious acid from the present, and within ten days to reduce it to $\frac{1}{8}$ grain once a day.

The improvement is so marked, and so fully recognized by other members of the medical profession who have watched the various stages of the case, that it should encourage further use of this remedy, and I have been prompted by the hope of final success to lay the history of the progress thus far before those who may have an opportunity to test the virtues of the arsenical treatment for the various forms of malignant disease.

It will be observed that I have not adhered to the plan of Dr. Lawson, in the administration of divided doses instead of giving all that was intended for the day in one portion; and that the chloride of zinc has been applied as a paste with vaseline, instead of a watery solution that would require to be more frequently repeated and be liable to run off upon the sound skin. Others will doubtless consider the advantages of distributing the influence of the arsenic throughout the twenty-four hours rather than obtaining the purgative effect at a single hour in the morning, but the laxative tendency was evident even when it was thus given at three different times in the day.

A circumstance connected with the management of this case impresses me with the importance of keeping the patient in ignorance of the fact that arsenic is taken. Being presented on a second occasion before the class, I dwelt upon the properties of

this agent, and he became aware that more energetic effects were expected than are ordinarily obtained, though he was taking then less than 10 drops of Fowler's solution three times a day. From this time he manifested concern about the influence of the remedy on his organization, and I resorted to the trick of changing his medicine from a fluid to a powder without letting him know that it was arsenic. There was no further apprehension and no further complaint of trouble until the maximum dose of $\frac{1}{8}$ grain of arsenious acid three times was continued for some days; and thus one grain, corresponding to two fluid drachms of Fowler's solution, in the twenty-four hours was taken, not only with impunity, but with evident good result in arresting the disease.

A further report, giving the final outcome of this treatment, will be presented at a future day.

A CASE OF RUPTURE OF A MUSCULAR ATTACHMENT FOLLOWED BY A LARGE ABSCESS.

BY W. A. CROW, M.D., Friendship, Va.

A. B., male, age 35, laborer, six feet three inches high, and fine muscular development. Came to me on account of extreme soreness and pain on moving his right arm.

He gave the following history: About three weeks previous, while placing some billets of wood on his shoulder, he felt a sharp pain in his shoulder, running down to the lower end of shoulder blade; it lasted but a moment, so he thought nothing of it until next morning, when he found it gave him pain to move his shoulder, and that it was tender when he would press on it.

I found, on examination, tenderness near the head of humerus and over the inferior angle of scapula, together with some swelling and a little redness. The tender spots corresponded to the insertion of latissimus dorsi into the bicepital groove of humerus and inferior angle of scapula. I failed to detect either crepitus or false motion, so I diagnosed it rupture of the tendonous insertion of latissimus dorsi muscle into the bicepital groove of humerus.

While there was some puffiness over the inferior angle of the scapula, I could not detect fluctuation, but from the amount of pain and soreness, and from the time since he first noticed it, I thought it more than probable that pus would form, so I inserted my hypodermic needle full length, but failed to get anything but a drop of blood. I ordered him to have it painted three times a day with tincture of iodine until it got very tender. I also confined

his arm at rest, gave some morphine to relieve the pain and calomel and ipecac to regulate bowels, and told him to see me again in four or five days.

A week passed before I again saw the case, when I found the swelling had increased considerably over the lower angle of scapula, and I could detect fluctuation. I drew off over a pint of pus with an aspirator, and washed out the cavity with a two-per-cent. solution of carbolized water (tepid), then placed a compress of cotton over the space by a roller bandage, still keeping his arm at rest; gave him tr. ferri chlor. gtt. x, tr. nucis vom gtt. 5, to be taken in a little water after eating, T. I. D.; also, to keep bowels regular and keep quiet for a week.

He made a good recovery and the pus never formed again.

DUGAS' BANDAGE FOR THE BREAST.

BY T. L. LALLERSTEDT, M. D., OF GEORGIA.

I see, on page 355 of "Transactions of the Georgia Medical Association," a new mammary bandage by W. B. Park, M. D., and in Vol. XVIII, No. 1, of the American Journal of Obstetrics, "Treatment of Mastitis by Bandaging and Rest." From reading Dr. Park's article, I notice that his bandage has objections, because it is applied with some trouble. Dr. Harris' plan, as in his second article, is a very complicated one. The late Prof. L. A. Dugas always told his classes to use the many-tailed bandage for any soreness of the breast of females. Take a piece of cloth long enough to go around the patient's body, and cut out a hole in it large enough to admit the sound breast, so as to make no pressure on it. For the affected breast, cut a hole just large enough for the nipple. Put it over the chemise, if you like, or a female attendant can apply it. As the swelling decreases, any one can tighten the bandage. Where ladies desire to wean their children, using this bandage soon dries up the milk without pain.

This bandage is so simple and easy of application any woman can make and put it on. I have used it for about seventeen years, and never have had to open a rising breast in my practice yet.

The bandage should be long enough to go around the body and wide enough to cover the entire breast—say six or eight inches—the two ends being slit into strips about an inch wide, constituting a many-tailed bandage, which may be made to adhere so as give uniform pressure upon the breast. This may be done by pinning the ends together, and tightening from time to time if it gets slack.

ANTISEPSIS IN VIENNA.

By F. W. ROHR, M.D., at Professor Billroth's Clinic.

After careful and manifold observations with the different antiseptics, iodoform has been given first place, and has, since 1881, formed the basis of the antiseptic treatment at this clinic. It displays its wonderful power in all cases in which the Lister method cannot be carried out, and seems to exercise a specific influence upon fungoid, lupoid and syphilitic processes.

1. Dressings for wounds having a tendency to heal per primam or by first intention.

In superficial wounds, such as on the face, no dressing is applied; however, in some cases, for safety's sake, such wounds are painted over with iodoform collodion, and in some instances a light iodoform dressing is applied. In deeper wounds the iodoform takes the place of the Lister dressing. After an operation is completed, the wound properly drained and closed and the surrounding tissue cleansed with a one-per-cent. carbolic solution, the wound is covered with from two to four layers of iodoform gauze, over which is placed, according to amount of secretion expected, a thicker or thinner layer of carbolic gauze, several layers of absorbent cotton, and lastly the whole is covered with a layer of Billroth-battist (a water-tight cloth), the same having been dipped in a one-per-cent. carbolic solution. Now a common bandage is applied, and in some cases in which compression is required several turns of starch bandage are applied.

2. Dressings for wounds not having a tendency to heal per primam.

For this class of cases iodoform is pre-eminently fitted, as with no other antiseptic such results can be obtained, large wounds healing without reaction and with very few changes of dressings. Such wounds, and especially those with cavities, are not united, but thoroughly irrigated and filled with iodoform gauze. In irregular cavities small strips of the gauze are introduced into every part over which others are loosely entered until the cavity is filled, when a few layers are so placed as to cover the wound and immediate surrounding tissue. The common bandage is now applied. Healing takes place by granulation, and instead of changing the dressing every day as by the old methods of treatment, they are allowed to remain from eight to fourteen days. In infected wounds, gangrenous ulcers, etc., iodoform produces a rapid cessation of the infection and its results, and produces healthy granulations. In cases of carcinoma it destroys the fetor better than any other remedy. In specific ulcerations of lupoid or tubercular origin it seems to act only locally on the infiltrations and granulations, and in these cases the powder should be dusted over the parts affected before applying the gauze.

A few words in regard to its application in fungoid processes and in wounds communicating with cavities covered by mucous membrane.

In fungoid processes in the soft tissues and bones (caries), it is

not necessary after removal of the infected tissues and resection of the bone to have the whole wound open, but it may be almost wholly united by sutures, leaving only space for the secretions to drain away, and through which the iodoform gauze, which has been introduced, can be removed. In these cases, now, only the iodoform gauze is used, but in some cases, in which it is thought that more iodoform is indicated, the powder is first dusted into the wound and then the gauze introduced. It is also necessary in these cases that every part of the wound be covered with the gauze.

Small cold abscesses, which originate from the soft tissues or bones, which are accessible, heal nicely after being opened and dressed with iodoform. Abscesses arising from caries of the bones, which are not accessible, such as from the vertebræ or pelvic bones, are either left to open spontaneously or are punctured with a trocar and canula and injected with iodoform in suspension, generally glycerine. No cleansing with carbolized solution is necessary, but as soon as pus ceases to flow through the canula the iodoform in suspension is injected, so that the cavity of the abscess is about half filled. I have often seen as much as 6 grammes or 90 grains of iodoform injected into such abscesses with gratifying results. After the injection the puncture is closed with adhesive plaster, and a bandage applied. In some cases it is necessary to repeat the operation several times before a cure is effected. In wounds implicating the mucous membranes, such as the cavity of the mouth, œsophagus, rectum, vagina, urethra, etc., the so-called "Klibendi iodoform gauze" or adhesive gauze is used (iodoform et collophonium). It is used because the iodoform is not easily washed off by the mucous secretions, and also because, by virtue of its adhesiveness, there is no danger of its being swallowed if introduced into the cavity of the mouth. It also has another advantage, that of its being hemostatic, and serves a good purpose to check parenchymatous bleedings. The dressings are left intact in all cases, as before stated, for a period of from eight to fourteen days, unless symptoms of fever supervene. In cases of fever the wounds are examined to determine whether there is retention of the secretions, too much compression, too high tension of the sutures, etc., and in case any one or the other of these conditions is found to be present it is at once remedied. If, after this procedure, the symptoms of fever do not disappear, the secretions become putrid, which rarely occurs, the dressings are removed daily, and to avoid intoxication only very little iodoform gauze is used. The wound is first irrigated with a five per cent. carbolic solution. If, after this, fever still supervenes, which is rare, the disinfection of the wound is regarded as a failure, the sutures are removed and the wound filled with the gauze, or with simple gauze impregnated with Burow's solution.

The iodoform dressings are used only two or three weeks, or until granulation is progressing nicely, and the wound is dressed with a salve, principally zinc or boracic acid. In cases of flabby granulation a nitrate of silver ointment is used, or the granulations are touched with the caustic.

Iodoform is used as 1, powder; 2, gauze; 3, iodoform collodion (1:10); 4, iodoform glycerine (10 to 20:100); 5, iodoform bacilli, after the formula,

℞ Iodoform pulv.....20.00
Gummi arabici)
Glycerini, } aa..... 2.00
Amyli,)
M. Fiant bacilli diversi magnitud.

6, iodoform vaseline (20 to 50:100).

Carbolic acid is used in one-per-cent., two-and-a-half per-cent. and five-per-cent. solutions. The one-per-cent. is used for washing the hands, irrigating fresh wounds, etc. The two-and-a-half-per-cent. is used for disinfecting instruments and suture materials. The five-per-cent. is used for cleansing wounds in which septic material has become lodged, and where the weaker solutions are thought inadmissible.

Besides these there is in use a ten-per-cent. carbolic glycerine, in which are immersed metal catheters, uterine sounds, etc. Just before using them they are washed off with a one-per-cent. solution to prevent irritation.

Another very good solution in use here is the so-called Burow's solution:

℞ Alum crudi..... 5.00
Plumbi acet..... 25.00
Aqua dest.....500.00 M.

I have seen excellent results from this solution, especially in phlegmonous inflammations, and if applied early in these cases it will prevent suppuration. Permanganate of potassium is also used, but only as a disinfectant for the hands, and for preparing sponges.

The most scrupulous cleanliness in regard to instruments and the hands of the operator and assistants is insisted upon. The hands are first thoroughly washed with soap and water, then dipped into a solution of potass. permang. (1:100), washed off with a ten-per-cent. solution of oxalic acid and finally dipped into a one-per-cent. carbolic solution.

In the obstetrical and gynecological wards, bichloride of mercury solution (1:1000) is used instead of the carbolic solution, and striking results are obtained from its use. In puerpural metritis, irrigation of the uterus with the bichloride solution is rigidly enforced and the mortality has been reduced to the minimum. In operations about the genitals irrigations with the bichloride solutions are made, and after the operations iodoform dressings are applied.

In the obstetrical wards every practitioner, before making a vaginal examination, must thoroughly wash his hands with soap and carbolized water, then disinfect again with solution permang. potass. This must be repeated before every examination.

It is owing to the rigid enforcement of these antiseptic precautions that there is so little septic infection among the six thousand women that are annually delivered in these wards.—*Chicago Med. Times.*

TYPHO-MALARIAL FEVER.

BY J. C. B. RENFRO, M.D., LaGrange, Texas.

The above name is given to a fever which prevails more or less in all malarious regions. It seems to be a kind of amalgam fever, or where malarial and typhoid fever prevail at the same time in the same patient, each fever running its course. The malarial fever predominates at the outset of the attack and afterward the typhoid symptoms set in. The malarial symptoms are generally of the remittent type: paroxysms every twenty-four or forty-eight hours. The typhoid symptoms are all those connected with typhoid fever, and sometimes throughout the disease there seems to be a commingling of the two diseases in the same patient at the same time. In those cases that prove fatal, the same lesions are found as in true typhoid fever.

Those attacked with this fever usually commence with a chill, followed with high fever, temperature running as high as 103° to 106° F., when, after the usual period of from three to five hours, the sweating stage sets in, followed by the usual symptoms of simple remittent fever, general malaise, bleeding at the nose, profuse perspiration, a lowering of the temperature down to almost normal. This condition may last for several days, paroxysms occurring every twenty-four or forty-eight hours, running the same course as before, until finally the typhoid symptoms predominate and run the usual course, there being a difference of one to three degrees of the temperature morning and evening, the evening being the highest. The tongue is usually heavily furred, with tip and edges red. Sometimes the coating is slight, with the papillæ projecting so that it resembles the strawberry tongue. The bowels at times are loose; at others, constipated. The fœcal discharges are usually of a thin, dark color and offensive; more or less tympanites in the latter stage of the disease, tenderness over the bowels and gurgling about the illio coecal valve. Enlargement of the liver and spleen sometimes comes up during the course of the disease. Intense anorexia and a desire for cooling and acid drinks prevail throughout the disease. The appetite is usually very poor, with a loathing for most all kinds of food. The urine is very high colored, charged with bile, acids, and sometimes a trace of albumen in it. The cheeks always flush when the temperature begins to rise, and will last until the temperature begins to fall or sink lower, and then the flush fades away, leaving the pale, sallow hue characteristic of true typhoid fever. As to diet during the course of the disease, I usually recommend milk when it agrees with the patient; when this does not agree with them, oyster soup, or the concentrated essence of beef with soft-boiled eggs, etc. If there should be indications of asthenia or failure of the heart's action, I use alcoholic stimulants very freely, of which I prefer good, imported cognac brandy, and, if necessary, combine same with carbonate of ammonia, and it may be necessary to use digitalis to strengthen and sustain the heart's action; at all events the diet should be mild

and as easily digested as possible. Patient should be careful as to diet, etc.

PATHOLOGICAL CHARACTER AND CAUSATION.

This fever is due to poison known as malaria and the special cause of typhoid. It seems that these fevers follow in the wake of the malarial fevers, and generally come up in the latter part of the summer and during the autumnal months. I think there is an atmospheric influence that breeds and develops these fevers. I have observed this phenomena since the year 1875, that when drouth prevails and the evaporation of moisture from the earth gets beyond a certain point these fevers develop, sometimes in their worst forms, amounting almost to an epidemic and malignant in their character, and vice versa, after an extended drouth, and then floods of rain saturating the earth thoroughly, that this fever also develops, and the malarial aspect of the disease is of more grave importance, requiring more prompt and energetic treatment to subdue it.

DIAGNOSIS.

"Typho-malarial fever is discriminated, on the one hand, from simple remittent fever by the characteristic events of typhoid fever, viz.: the abdominal symptoms, the eruption in some cases, the earlier occurrence of ataxic phenomenal epistaxis and occasional intestinal perforation. It is discriminated, on the other hand, from unmixed typhoid fever by the characteristic events of periodical fever, viz.: remissions, gastric symptoms, jaundice, and the eventuation, in some cases, in intermittent fever." Topho-malarial, after the first few days, if proper treatment be applied, will run almost the usual course of true unmixed typhoid, with this difference, however: on alternate days the temperature is almost always from one to two degrees F. higher; in true typhoid, never. In typho-malarial fever the temperature is usually higher the first few days, then sinks to a level with a gradual rise of from two to three degrees F. in the end of the second week or beginning of the third; then it usually remains about the same for about one week, then a gradual decline until convalescence is fully established. The tongue will become clean and resume its normal appearance, and convalescence ensues proper, unless a relapse should occur from some imprudence on the part of the patient. Sometimes the tongue will clean off and assume a glossy appearance; when this is the case convalescence will always be protracted. Sometimes it is almost impossible to diagnose a case of typho-malarial fever the first week of the disease.

There is one point that I have noticed more particularly in typho-malarial fever, and that is a flacidity of the veins of the back of the hand with a purplish hue of same.

In some cases the circulation and pulse are both depressed, and in others the pulse is full and bounding. Coliquitive sweats appear in some cases; in others the skin is dry and burning hot most of the time. In some cases coliquitive diarrhœa prevails; in others cathartics and laxatives must be used.

PROGNOSIS.

In almost all cases where the complications are not too grave, the prognosis is favorable. I have noticed this, however: when there is a depression in the circulation and capillary congestion remaining for any length of time, pulse being low and the temperature running very high, and not an equal difference between the temperature and pulse, the prognosis is always grave in those cases; but under favorable circumstances, when there is no congestion of any internal organ early in the disease, no hemorrhage setting up from the bowels, and all the functions acting properly and evenly, running a regular course, the prognosis is always favorable. A sudden fall of the temperature is always indicative of hemorrhage from the bowels. Coliquitive diarrhœa and sweats are also grave symptoms, as also petechia and echymosed spots on the cutaneous surface. Loathing of food during the entire course of the disease is also of grave importance, while, on the other hand, an appetite to take on some food every day is a very favorable condition, and is indicative that the patient is not likely to die of asthenia. Upon the whole, taken as a general rule, the prognosis, with proper treatment, is favorable. Bronchitis or pneumonia, setting up as a sequel, is also a very unfavorable phenomena. I have seen a very high state of inflammation of the bowels set in the tenth day and terminate fatally in a few days afterwards.

TREATMENT.

I now approach a point wherein we may all differ in some degree, but I hope not materially. We may differ as to therapeutics in the choice of our remedies, as to which are the best, but in the main, if we understand the disease thoroughly, we will treat it similarly. And first, as we have a mixed disease, or two diseases, to contend with in our patient, at the same time we must keep this in view; and as the malarial feature is predominant in the outset, I think the rational treatment would be, or is, to subdue all the malarial influence exerted on the economy, as far as we can, with the remedies usually used to subdue simple remittent fever, always keeping in view the condition of our patient and endeavor to irritate the bowels as little as possible. This I always do with broken doses of mercury until the secretions are thoroughly aroused, using some sedative mixture, say aconite fl. ext., one drop in water every hour until the remission occurs, then large and full doses of quinia sulph. until cinchonism is produced; then a quietus in the patient's condition is always produced, after which the typhoid symptoms will manifest themselves. I then change the treatment unless symptoms predominate demanding calomel and quinine. I seldom use it any more in the case. If pronounced intermissions should occur, we may try the quinine again, but usually it will be of little avail. It generally will produce gastric and intestinal irritation, which we should avoid as far as possible. I have myself thought quinia indicated in the latter course of the disease, and have given it, but most always with deleterious results to my patient, the next day the temperature rising higher by one or two degrees than before the administration of the drug. After the malaria is subdued in

the system, but little medication is indicated usually. Watch the patient closely, and the disease from localizing itself on any of the internal organs. I usually place my patients on a compound turpentine emulsion, consisting of

℞ Oleum terebinth.....ʒ ij
Potassa chlor.....ʒ j
Acid hydrochloric.....M xxx
Pul. gum acac.....ʒ vi
Aqua pura q. s. to make a 6 oz. mixture.

Of this, give to an adult one tablespoonful every four hours. In the interim give one drop of fl. ext. aconite every hour to control the circulation. Also,

℞ Sodæ salicylate.....ʒ vj
Aqua aromatica.....ʒ vj.
M. Sig. 1 tablespoonful every five hours.

The theory of this treatment is this: the emulsion keeps the secretions aroused, and the tongue seldom becomes dry. The salicylate of sodæ acts as an antipyretic, antiseptic and tonic, while the aconite controls the circulation. I seldom change this treatment throughout the typhoid stage; that is, generally. Of course, complications sometimes come up calling for other remedies, such as too frequent stools, coliquitive sweats and asthenia. The first I usually control with

℞ Doveri pul..... grs. xx
Bismuth subnit.....grs. xl.
M. Ft. Chart No. iv.
Sig. 1 powder every four hours, as long as necessary.

The other two symptoms I usually control with alcoholic stimulants. Should hemorrhage occur from the bowels, it is usually easily controlled by fl. ext. ergot and bismuth, combined or in conjunction, a few doses of which generally answers the purpose. Of course, complications will sometimes come up calling for other remedies, of which we must be our own judge. In convalescence, tinct. of bark, preparations of iron and a nourishing diet is indicated, and should be taken in moderation.—*Trans. Tex. Asso, 1884.*

WOUND DRESSING: IODOFORM INTOXICATION.

BY P. J. HAYES, F. R. C. S. ED.,
Surgeon to the Mater Misericordiæ Hospital, &c., Dublin.

Recent experiences go to prove that the antiseptic properties of iodoform are not so available as to render it capable of becoming a substitute for cabolic acid. Morover, it requires to be employed with caution, as too free an application may induce fatal consequences. It will be as advisable to consider, in turn, the methods in vogue with surgeons who apply iodoform to wounds, the advantages which can be claimed for it as an antiseptic dressing,

the dangers which are apt to follow its injudicious application, and the precautions to be observed when the employment of it appears advisable to the surgeon.

When the fancy for using iodoform, as a substitute for Listerism, seized the German surgeons, very large quantities of iodoform were oftentimes applied to extensive operation wounds—indeed so much as from three to six ounces was not considered to be an undue amount for introduction at a first dressing. Mostig-Moorhof, however, employs not more than from five to ten drachms. The ordinary method of using it is to shake it freely over the wounded surface, and to fill every cavity or offset from the wound with it; then to apply dressings of either iodoform gauze or boric cotton. Prof. Tripier recommends it to be applied in a more guarded manner than that by which so many unfortunate results have been caused in Germany. He always irrigates a wound with carbolic solution; and when there is so great a loss of substance that the wound-edges cannot be brought into contact, he lightly dusts the raw surface with iodoform, covering the cavity with Lister's gauze, When changing dressings he takes care not to disturb the previously applied iodoform, but after gentle washing he adds just enough of fresh iodoform to re-cover any exposed surface in the wound. This combined form of dressing he believes to be particularly suitable after operations about the natural orifices, in cases of contused or lacerated wounds of the hand, and where caseous glands have been cleared out with a sharp spoon. Tripier also favours the application of Moleschott's collodion (consisting of iodoform, 1 part; collodion, 15 parts) for incised wounds about the face. I think many surgeons in this country have had an experience as extensive and satisfactory of iodoform dressings as has been that of Prof. Tripier. The advantages which may fairly be claimed for iodoform are—that it helps to allay painful sensibility, and serves to diminish the quantity and alter the character of discharge (removing fœtor, and causing a purulent secretion to assume a more or less serous condition); its presence causes the subsidence of fungoid outgrowths, on the one hand, whilst on the other, it hastens the growth of healthy granulation-tissue; and, if it be not disturbed, is apt, with serous discharge, to form such a protective covering for the wound that healing, as under a scab, is likely to occur.

The ill effects of iodoform may be classed into those of minor degree and the veritable intoxication. Kænig of Gottingen, Zeissel, and others, have reported cases where an erythematous eruption followed the employment of iodoform—disappearing when it was withheld, and recurring after its application.

With regard to real poisoning or intoxication, the statistics of Kænig extended over 32 cases—19 men and 13 women—the majority of serious and fatal cases occuring amongst patients beyond the age of fifty years.

Kænig distinguishes two principal forms of intoxication—the light form and the grave. In the light form the patients experience anorexia, headache, loss of memory; they appear morose, or even delirious, cry without reason, and seem fearful of being persecuted.

The pulse becomes enormously accelerated—the temperature perhaps slightly elevated. Symptoms subside within a few days, recovery taking place. In the grave form hallucinations of variable nature occur; sometimes delirium assumes a furious character, or the patient becomes terror-stricken, and may even exhibit a disposition to commit suicide. Food is refused; urinary secretion becomes scanty; the pulse is rapid; the temperature rises to perhaps 104°F.; the *denouement* is almost always fatal, the patient dying in a state of coma.

Young subjects generally present symptoms resembling those of meningitis, but usually without elevation of temperature.

Kænig and Aschenbrandt have, like Martin, observed, at post mortem examinations, evidences of iodoform-pneumonia.

I think few surgeons will be found to oppose the recommendations of Martin and Velaminoff, that iodoform should, in all cases where its use is indicated, be applied in small quantity; that especial caution should attend its use when much adipose tissue is exposed, and when the wound is extensive; that its employment is more or less contra-indicated by an advanced age, tendency to fatty degenerations, diseased conditions of heart or lungs, and when there exists a susceptible condition of the nerve centres.—*Dublin Medical Journal, August, 1883, p. 110.*

ON STONE IN THE FEMALE BLADDER.

BY GEORGE H. KIDD, M. D. EDIN.,

President of the Obstetric Section of the Academy of Medicine, Ireland.

Stone in the bladder of women, though of rather infrequent occurrence, is met with sufficiently often to make it incumbent on the surgeon to sound the bladder in all cases where there may be anything in the symptoms indicative of vesical trouble. No doubt the bladder is constantly affected sympathetically in cases of disease of the urethra, vagina, uterus, kidneys, and rectum, and their surrounding parts; but sounding the female bladder is easily done, occupies but a few seconds, causes little or no pain, and leaves no injurious results. If no stone be found, attention can then be directed more definitely to other organs; and if one be found, the true nature of the case is at once established. The ordinary uterine sound suits perfectly for exploring the female bladder. It can be used during a vaginal examination—the patient lying on the side, in the usual obstetric position—without creating any alarm, or indeed anything being said on the subject. In doubtful cases, where no stone is detected, and the symptoms still tend to the suspicion that there may be one present, it is well to place the patient on her back, and if the bladder be empty inject water into it, and again pass the sound, but this is rarely necessary.

There are two methods of removing a stone from the female bladder—through the urethra, or through an opening made in the base of the bladder from the vagina. Many modern surgeons prefer the method by incision—Marion Sims and Emmet have

both recommended it. The success that has in modern times attended operations for vesico-vaginal fistula has had much influence in deciding surgeons to adopt this method, along with the apprehension of incontinence of urine as a consequence of dilatation of the urethra. Two forms of lithotomy have been recommended—1st, through the vesico-vaginal septum; 2nd, through the urethra, laying it open for about 1½ inches behind the meatus, and running the incision, if the size of the stone require it, into the bladder. The first is certainly the better of these operations. The sphincter should never be touched if it can by any possibility be avoided. Emmet specially recommends incision through the vesico-vaginal septum where there is chronic cystitis to any extent. In such cases he directs that the opening should not be closed after the stone has been extracted, but left to form a fistula, so as to leave the bladder at rest till the mucous membrane recovers its healthy condition. The success of the method of treating chronic cystitis by the establishment of a fistula lends much weight to this recommendation in aggravated cases of cystitis, but as a rule, the lining membrane of the bladder gets into healthy condition very rapidly after the stone has been removed, and the establishment of a fistula is very rarely necessary.

Dilatation of the urethra is the oldest method of removing calculi from the female bladder. It is objected to because of the risk of incontinence of urine, but as practiced of late the risk of this is really very little. I have dilated the urethra very frequently, and am not at all sure that in any case permanent incontinence followed in consequence.

All modern surgeons who operate by the urethra prefer rapid dilatation without incision. This may be done with Weiss' instrument or with the finger, the patient being under the influence of an anæsthetic. Weiss' instrument may be passed into the bladder and dilated rapidly, but the edges of the arms are liable, when expanded, to cut the mucous membrane.

To obviate this Mr. Bryant covers them with india-rubber, but dilatation with the finger, as recommended by Mr. Christopher Heath, has always appeared to me a safer and better operation. The patient being brought under the influence of an anæsthetic, is placed in the lithotomy position, and the hands and feet tied together, then, according to Mr. Heath, a director is pressed into the bladder. I prefer a probe, believing the edges of a grooved director are liable to cut the mucous membrane. The finger is then gradually passed into the bladder by a semi-rotary motion, the probe or director being used as a guide, so as to avoid making a false passage. A large sized bougie may be passed first, then the little finger, and afterward the index-finger.

A few minutes will suffice to do this. The size and character of the stone may now be ascertained. If it be not very large, the lithotomy forceps may be passed in, the stone seized, and withdrawn, its position having been fixed by the finger, so that it could be seized in its shortest diameter. If the stone be too large, then it must be broken down, and for this purpose the crusher devised by Mr. Erichsen for breaking the stone after lithotomy in the male

or an instrument of that description, answers better than the lithotrite. It can be passed in the same way as the forceps, the position of the stone having been clearly ascertained by the finger, and the stone seized and broken. If necessary, a finger in the vagina will aid in the seizing of it. If the stone consists of tripple phosphates, as large stones usually do, it will break down with great ease. Whether a mulberry calculus could be broken in this way, I cannot say; but they are seldom so large as to require to be broken. After breaking the stone and removing all the fragments with the forceps and the finger, the bladder should be washed out, which may be done with an ordinary catheter and syringe.—*Dublin Journal of Medical Science, Sept., 1884, p. 197. Braithwaite.*

HOW AND WHEN TO DELIVER THE PLACENTA.

BY H. B. RITTER, M. D.,

Adjunct Professor of Obstetrics and Gynecology in the Louisville Medical College.

There is no subject in obstetrics on which more has been written than on the delivery of the placenta, and none, perhaps, on which there is less unity of opinion. This diversity on a subject so practical, one that we witness so frequently, and of which the physiology is so well understood, is hardly to be accounted for. As so much has already been written we will scarcely expect to say anything entirely new, but will treat the subject as it appears to us from a physiological and practical study.

To begin with, we believe that the third stage of labor should be treated on the same general principles as the first and second stages. We say this because normally the action of the uterus is the same in the third stage as in the first and second, and also because the departures from the normal action of the uterus are alike in the three stages.

In the third stage there is naturally a tonic and spasmodic contraction of the uterus, the functions of which are to condense the uterus, to separate the placenta and cause its expulsion. In the first and second stages these same contractions are present to condense the uterus and prevent complete recession of the presenting part, and cause expulsion of the child.

When we look at the abnormalties attending the delivery of the placenta we find them duplicates of those attending the first and second stages. For instance, we find irregular contraction of the uterus in the third stage, usually as the familiar hour-glass contraction. This is found in the first stages as contraction of the fibres around the internal os, preventing dilatation, and also as "ante-partum hour-glass contraction." Again, every one knows that either inertia or excessive contractions may attend either of the three stages. These abnormal conditions are constantly assuming different phases, but in the main they are alike. Now, if the uterus presents the same forms, normal and abnormal, in the three stages, and as the object of the uterus from the beginning of the first stage to the end of the third stage is to expel its

contents and to condense itself, there is no reason why the principles of treatment should be changed when two of the stages are completed. There is no reason for a wider difference of opinion on the management of the third stage than on the two preceding. Because the third stage can be terminated at the will of the attendant with very little trouble is no justifiable reason for so doing. It might be argued from the same standpoint that in the first and second stages delivery should be hastenened by artificial dilation of the neck of the uterus, turning, and the use of forceps. Certainly no one would advise such measures unless there was some complication which demanded them. We are to resort to these methods only after nature is found inefficient to do her work and the welfare of the patient is endangered by further delay. So with reference to the management of the third stage.

In natural cases, to co-operate with nature, we should not interfere during the first fifteen or twenty minutes after the birth of the child. This is a period of repose, during which we should expect nothing but a firm and regular tonic contraction of the uterus. It is our duty, however, to assure ourselves that this natural contraction exists, by now and then grasping the uterus through the abdominal wall, but make no friction, nor knead it unless the tonic contraction is deficient. If with the want of tonic contraction found at this time there is hemorrhage the indications are to deliver the placenta at once by introducing the hand into the uterus, if kneading and pressing on the fundus have failed.

If the spasmodic contractions come on in fifteen or twenty minutes and are sufficiently strong, we follow the same course as with similar pains in either of the preceding stages. Let them alone, but place the hand over the uterus to keep us informed. It happens frequently, however, that these pains are too feeble, and then we are called upon to assist. Here pressure with the palm of the hand on the fundus, and in a direction downward and backward will increase the contraction to a natural one and express the placenta, and this is the proper treatment. Again, when the spasmodic contractions fail to come on in the usual time, this pressure should be made at intervals to imitate nature and supply that element which is missing. In irregular contraction of the uterus when not attended with hemorrhage, speedy delivery is not indicated. The placenta will come away, and the forcing of the hand through the constriction be avoided. In this connection I will relate a recent experience as an illustration. The child was born about ten minutes before my arrival. The uterus was found irregularly contracted and reached to the lower border of the ribs on the right side. There was no hemorrhage, and therefore no immediate danger. I concluded to wait and to watch, leaving all to nature. Spasmodic contractions soon came on and were rather strong, but the placenta was not expelled at once. During one of the contractions, just one hour from the termination of the second stage, the uterus rounded up and the placenta was expelled, and with it not even as much blood as is usual in normal cases. Suppose that we had terminated the third stage by removing the placenta with the hand carried into the womb. There would necessa-

rily have been hemorrhage, and we would have run the risk of injuring the tissues of the uterus by forcing the hand through the constricted part. In these cases we believe it sufficient time to act when hemorrhage once begins, or some other indication for delivery manifests itself.

There is a time in all cases when, if the placenta is retained, it should be removed. But as we cannot say to deliver with forceps if the child is not born in so many hours, so in the third stage there is no fixed time for delivering the placenta. Like the first and second stages, it should not be allowed to continue too long. It is certainly very exhausting to a woman to be worried by recurring pains and the knowledge that labor is not completed, and she therefore not out of danger. We must therefore take into consideration her general condition as well as the kind and force of uterine contractions to determine when the placenta should be removed. In some cases this will be in fifteen or twenty minutes; in others not until forty or sixty minutes.

Those that have adopted the expectant method of treatment are certainly extremists and wait entirely too long in many cases, allowing patients to become worn out and exhausted. Prolongation of the third stage is frequently found, it should be remembered, in debilitated and enfeebled states of the system.

Those who adopt Crede's method go to the other extreme of not waiting long enough, and outwitting nature. We are told, that with the expectant method delivery occurs in nearly all cases within two hours, while Crede terminates the majority of his cases in four or five minutes. Crede therefore dispenses with the period of repose which naturally follows after the birth of the child, and during which nature separates the placenta from the uterus and allows coagulas to form in the uterine sinues. We cannot believe it proper treatment to apply the whip to the uterus simply because it will respond.

Traction on the cord has deservedly fallen into disrepute. We look upon this as a poor method of delivery under all circumstances, because a better can be used, to say nothing of the irregular contraction and inversion of the uterus that may be produced by it.

Ergot is sometimes indispensable in the third stage. It does not produce the kind of contraction wanted to expel the placenta and sometimes prevents expulsion.

The method of the Dublin school is more according to nature than any other method of conducting the delivery of the placenta. When the spasmodic contractions are feeble we adopt this plan. Guard the uterus by means of the hand over the fundus, and when a pain comes on make a pressure to assist in the expulsion. When the contractions are strong we are not in favor of their pressure because nature makes all the pressure that is necessary. It will also be noticed that patients generally complain of pressure at such times as being very painful.—*The Medical Herald.*

ABSTRACTS AND GLEANINGS.

Cocaine in Sleeplessness.—Case 1. A man, aged 33, suffering from aortic disease and albuminuria, had been troubled with insomnia for a fortnight. Three minims of a 4 per cent. solution of hydrochlorate of cocaine (equal to $\frac{1}{8}$ of a grain) were administered hypodermically. The patient remarked that "he slept better than he had done for a long time." The following night one drachm of valoid of coca (a liquid extract, each drachm of which represents an equivalent quantity of the pure drug) was administered. The man did not sleep well. Two drachms of the valoid of coca were then given, and sleep was induced. The patient has continued to take this dose nightly for the past three weeks, the sleep being natural and undisturbed.

Case 2. Two drachms of the valoid were given with an equally beneficial result to a patient convalescent from an empyema, and suffering from sleeplessness.

Case 3. A woman, with tertiary syphilis, was kept awake by pain in a large rupial sore on the thigh. Two minims of the 4 per cent. solution of the hydrochlorate of cocaine, dropped on the ulcerating surface, relieved the pain, and the patient slept.

To show that coca and cocaine have no toxic action—at all events, in moderate doses—it may be worth mentioning that, in a case of rheumatism, the dose of hydrochlorate of cocaine was gradually increased to 6 minims ($\frac{1}{4}$ of a grain) hypodermically, and the valoid increased to five drachms, without any bad effect.—*Brit. Med. Jour.*

The External Use of Chloroform in Labor.—Dr. Svanberg's method of the external use of chloroform in labor is simple: A piece of flannel, saturated with a solution of chloroform and sweet oil, equal parts, is applied to the skin, between the umbilicus and symphysis. Light strokes over the cloth secure even distribution of the solution, and exact approximation of the fabric. The application may be renewed according to necessity. Dr. Svanberg has observed that, usually, in from five to ten minutes the chloroform has performed its function.

The indications for the external use of chloroform in labor include a variety of conditions. In general terms it may be said that the local application is designed to supersede the inhalation of chloroform.

Dr. Svanberg has successfully employed this method in cases of retained placenta with tetanus uteri, transverse presentations, with rigidly contracted uterus and escape of the liquor amnii, and breech presentations with rigidity of the internal os. In certain of these cases the inhalation of chloroform was not sufficient to relax the uterine contractions.

It is not unfitting, in this connection, to hear Dr. Svanberg's individual testimony as to the efficiency of the method: "Since that day (December, 1887) I have never used chloroform by inhalation for rigid contractions of the uterus."—*Chicago Med. Jour. and Ex.*

The Treatment of Intra-Uterine Diseases.—Dr. Lombe Atthill (Brit. Med. Journal, November 20, 1884) presents an able paper on this subject, and sums up his views and experiments thus:

1. Carbolic acid, in the proportion of one part of spirit to two parts of the acid, is the safest and most generally useful of all the agents employed.

2. Carbolic acid should always be applied by means of a probe, round the point of which a layer of cotton is rolled, the cotton being carried up to the fundus of the uterus at least twice on each occasion that the applications are made, which should be on every third or fourth day till marked improvement takes place.

3. Carbolic acid should never be injected into the uterus, except when combined with iodine, in the form known as iodised phenol.

4. In many cases, iodised phenol may, with advantage, be applied by means of a probe.

5. In cases in which metrorrhagia or profuse menstruation occurs, depending on an unhealthy condition of the intra-uterine mucous membrane, the cavity being dilated and the uterus enlarged, from half a drachm to a drachm of iodised phenol may be injected with great advantage.

6. In cases in which epithelioma attacks the mucous membrane of the cavity, the injection of iodised phenol promises better results than any other treatment.

7. The success likely to follow the injection of iodised phenol renders the dilation of the uterus, the use of the curette and the subsequent application of fuming nitric acid less frequently necessary than has been the case hitherto.

8. The injection of iodised phenol requires to be carried out with so much care that it should never be injected except by means of a syringe which will not contain more than a drachm.

9. The use of the fuming nitric acid should be limited, as a rule, to those cases in which dilatation has been practiced, and it should always be carried on through a tube, inserted into the cervix uteri for the purpose of protecting the sides of that canal from the action of the acid.

10. The pain produced by the application of any medical agent to the intra-uterine cavity does not bear any relation to the activity of the agent, but is due to one of two causes—either to hyperæsthesia or to a narrowness of the cervical canal, especially of the os internum.—*Detroit Lancet.*

Calomel in the Treatment of Otorrhœa.—Dr. J. Gottstein, in the Archives of Otology, September to December, 1884, strongly recommends the use of calomel in the treatment of otorrhœa. He says: "During the past year I have used the calomel by way of trial in a number of cases that seemed suitable, especially such as could be submitted to daily observation.

I have satisfied myself (1) that the remedy is absolutely free from irritation to the mucous membrane of the middle ear; (2) that it forms neither upon nor in the mucous membrane any pre-

cipitate difficult of removal; (3) that surprising results are often obtained under its use.

Accordingly, since the beginning of the present year, I have, in my private practice as well as in my polyclinic, employed calomel in the treatment of all cases of otorrhœa in which, following Bezold's direction, I had previously made use of boric acid, alone or as a supplementary means. I withheld the calomel only from such patients as, coming from a distance, I had an opportunity to see but once.

My observations now exceed eighty in number, so that I feel justified in communicating the results of my experience with this method.

My method of procedure is as follows: The ear is, in the usual way, syringed carefully with a weak sublimate solution (one-tenth per cent.); the residue of the secretion is forced into the external meatus by the employment of Palitzer's method, and then removed by syringing, and finally the ear is well dried with cotton.

The calomel (vapore parat.) is then blown in through a powder-blower and the auditory canal closed as well as possible by means of cotton. The further treatment is the same as with the boric acid. That on which I lay the most stress is, that calomel, in my opinion, has a much more decided and certain antiseptic action than the boric acid.

I am anxious to avoid the error into which those writers fall who overestimate the value of the remedies recommended by them. Calomel also fails in some of the cases in which powerful antiseptic action is desired, because considerable tissue-alterations in the drum-cavity are absent. Yet I have, with no method of treatment, not even with the boric acid, attained such speedy results as I have with this remedy in acute, as well as in chronic forms of otorrhœa.

The calomel is also suitable, as is the boric acid, for employment after operations in the middle ear, cauterization with nitrate of silver, the use of the galvano-cautery, and in conjunction with the alcohol treatment. In these cases, the powerful antiseptic action of the remedy is conspicuous.—*Medical News.*

Hypodermic Injections of Morphia in Convulsions.—Dr. Clark [Boston Med. Jour.], of Oswego, New York, reports the case of a girl eighteen months old, who had been in almost unremittent convulsions for two hours, various remedies producing no effect. The cause of the attack could not be ascertained, but was supposed to be of cerebral origin. One-sixth of a grain of morphia sulphate was injected into the arm, and in about two minutes the convulsions ceased entirely, and after a quiet sleep of three or four hours the child awoke apparently well. Twenty-four hours later, after some evidence of the attack returning, the symptoms readily subsided to doses of Dover's powder, in moderate amount, the dose not being stated. In some days, however, the child was found to have her faculty of speech, which was considerably advanced, impaired; since then her appearance has been bright, and her power of speech is constantly improving. Clark believes,

from his experience, that a child of from two to five years old will stand as much opium, in proportion to the development at that age of the energies of the nervous system, as an adult. He also states that he would unhesitatingly inject a thirty-second of a grain in persistent or recurrent convulsions, and repeat in fifteen minutes if necessary. In connection with Clark's cases, Dr. Hughson reports the case of a negro boy, two years of age, who had been sick with a high fever for two days, and who had been in convulsions for an hour. The child was unable to swallow, and was rapidly sinking into a dying condition. A subcutaneous injection of a fifteenth part of a grain of the sulphate of morphia was given, and in ten minutes he was quiet, and in twenty minutes asleep; the child had malarial fever.

A Case of Gastric Ulcer.—Dr. Osman B. Campbell reports the following case in the College and Clinical Record, January 1, 1885:

"I was called, on March 15, 1884, to see Miss R., aged twenty-two, who was suffering with gastric pain. She had had two attacks of hæmatemesis, and was considerably prostrated from pain and inability to digest a sufficient quantity of food. I found that her trouble dated back four months, when she had had an attack of intermittent fever. Quinia and calomel were given, which broke up the fever, but she did not regain her health. She complained of a feeling of weight and soreness in the right side, near the region of the liver; her abdomen enlarged considerably, so that her clothes had to be widened to the extent of three or four inches; she was constipated and had throbbing sensations about the umbilicus. She was jaundiced, and had frequent attacks of vomiting, when the contents of the stomach would be ejected, followed by bile. These conditions continued about two months and a half, when, upon vomiting, some black, partially digested blood was ejected. She noticed the same day that her stools were black and tarry. From that time the taking of food would cause gastralgia and vomiting about twenty minutes after eating.

"Six weeks later she came under my observation. I found considerable enlargement of the liver and spleen, some bloating of the abdomen, gastralgia and vomiting, excited by taking food. She had just vomited some blood, which I found to be partially digested. She complained of a fixed pain immediately under the ensiform appendix, extending through to the spine. I diagnosticated the case as a gastric ulcer, a result of portal congestion. I restricted her diet to skim milk, diluted with one-fourth lime-water, from three to four ounces to be given every three hours, and gave a purge of calomel to relieve the portal circulation. I prescribed five-drop doses of liquor potassii arsenitis, three times a day, and gave twenty grains of quinia during the 24 hours.

"My patient began to improve immediately. There was no more gastralgia nor vomiting, nor was there any appearance of blood in the stools. Six months after I began treating the case all signs of the disease had vanished. The cause of the ulcer was, I believe, portal congestion, caused by malaria."—*Med. and Surg. Rep.*

Cocaine in Minor Surgery.—Dr. Irving D. Wiltnut contributes to the literature of this drug by writing as follows in the Northwestern Lancet, February 15, 1885:

I proposed to extirpate a fatty tumor the size of a hen's egg, situated near the ankle joint, a little above the outer malleolus. My patient consented to the use of cocaine. I accordingly injected fifteen drops of a four-per cent. solution into the body of the tumor. After waiting fifty seconds I made my incision over the tumor, from above downward. I then separated, with some difficulty, the skin and cellular tissue from the organized mass, and, in my attempt to sever its connection with the tissues, I was obliged to use the knife quite freely. There was little bleeding—soon controlled by the free use of cold water. The several parts were properly adjusted; stitched; a compress and a roller bandage completed the operation and dressing.

During the whole of this operation my patient looked on, an interested spectator, but confessed no pain. The incision with the knife, as well as the force required to separate the tissues from the tumor, and the final force required to separate the mass from the living tissues did not cause pain—no, not even a sensation.

The usual sick stomach followed the operation, but this cannot be ascribed to the use of cocaine.

My patient was a man of intelligence and of unquestionabie integrity, so that, as regards the total absence of pain, I do not regard I have been deceived any.—*Med. and Surg. Rep.*

Treatment of Gonorrhœa.—Dr. J. W. Lilly, of Pomeroy, Ohio, having been repeatedly disappointed, as we all are, in the treatment of gonorrhœa, cast about him for some reliable remedy, and as a result he publishes the following formula in the Cincinnati Lancet and Clinic. He claims that it will give entire satisfaction, if used as directed:

℞ Hydrastin.....gr. ss
Boracic acid.....gr. iss
Morph. acetate.....gr. $\frac{1}{8}$
Chlor. sodium.....gr. j
Pure cocoa butter q. s. to make bougie three inches long.

The method of using it is, first have patient urinate, then cleanse the urethra with starch water, after which introduce bougie. Continue this morning and evening until the discharge ceases (which it does in from two to five days), and then one each evening for five evenings more.—*Med. and Surg. Rep.*

Diabetes.—Dr. Austin Flint, jr., adds four more cases of diabetes to the fifty two reported to the American Medical Association. The patients were placed on strict antidiabetic diet, and Clemens's solution of arsenite of bromine, beginning with three drops, increased to five, was also given. Of these four cases three were permanently relieved. In conclusion he adds: "Diabetes has become to-day a disease easily and certainly curable, provided that the treatment be not begun too late."—*Louisville Med. Times.*

Can the Sex of the Child be Determined Before Birth.—Dr. S. T. Lowry writes: Although cognizant of the fact that the pulse rate of the female infant is more rapid than that of the male, I had never, until recently, put the matter to a practical test in determining the sex of the child prior to birth. But noticing, in a recent journal, the statement that the sex can be so determined with almost unerring certainty, I resolved to put the matter to trial by careful examination and record of a sufficient number of cases to test the truth or falsity of the statement. Beginning with Nov. 1st, 1884, the following is my record for that month:

Name.	Date.	No. of Labors.	Pulse.	Sex.
Mrs. R.....	Nov. 1.....	3.....	124.....	Male
" W.....	" 6.....	2.....	140....	Female
" C.....	" 14.....	4.....	144....	Female
" H.....	" 15.....	2.....	120.....	Male
" Y.....	" 16.....	4.....	148....	Female
" W.....	" 17.....	1.....	164....	"
" Q.....	" 18.....	2.....	120.....	Male
" C.....	" 22.....	4.....	146....	Female
" R.....	" 23.....	2.....	132....	"
" H.....	" 26.....	2.....	128.....	Male
" K.....	" 27.....	4.....	148....	Female
" B.....	" 28.....	3.....	122.....	Male
" D.....	" 29.....	2.....	120.....	"
" L.....	" 30.....	2.....	126.....	"

Now, examining the table just read it will be observed, that there are fourteen cases of confinement recorded, six of the infants born being girls, and eight boys. Now, by adding together the whole number of pulse beats per minute and dividing by 14 (the number of children) we have 133 for the average pulse beat of the infant at birth. Now, by examining the table again it will be observed that the pulse of every male child falls below this general average, while every female child rises above that number with the exception of the infant of Mrs. R., confined on the 23d of the month, who gave birth to a female child though the pulse was only 132. In this case, however, I ought, perhaps, to observe that the infant was quite large, weighing almost ten pounds.

From these few cases I think we are justified in concluding that a physician can, with a reasonable degree of accuracy, determine the sex of the fœtus at full term, and that if, at the close of the period of gestation in a normally developed fœtus the pulse rate is above 135, we we can with almost unerring certainty declare the child a female; while, on the other hand, if the beat is below that number, we can with almost certainty, declare the child a male. I should say, however, that a more extended record may change these figures to some extent.—*Texas Courier-Record.*

An Unintentional Pun.—Said a lady sympathiser to a Confederate hospital convalescent, (all old army surgeons can imagine the scene) "Do you keep a diary, my friend?" "Yes-um, I've had the dia-ree purty peart ever since I jined the army."

The Cure of Asthma.—From the *Medical Record*, Jan. 24, 1885:—I understand by the term asthma the condition of spasm of the bronchial tubes of both lungs, with hyperæmia approaching or amounting to inflammation, accompanied by rales upon both inspiration and expiration, with great difficulty of breathing. And the term is applied to the paroxysm alone, which returns at regular or irregular periods. Disturbance of function or disease of structure of the pneumogastric nerve is always present.

To cure the paroxysms I originated a method of treatment nearly five years ago; and repeated observation has confirmed its great utility. When called to a case of asthma, with a camel's hair brush I make a streak of Churchill's iodine *over each pneumogastric nerve, in its course in the neck, from the upper part of the thyroid cartilage to the upper borders of the clavicles.* By counter irritation thus applied, the capricious and abnormal exercises of nerve force by the pulmonary filaments is controlled, and bronchial spasm promptly relinquished. Such is my original method—simple, certain, quick. Churchill's tincture is the best counter-irritant, because, first, it is convenient; second, its action is easily controlled; third, it does the work. To permanently cure the paroxysms, it is usually necessary to remove the underlying morbid condition upon which they depend or are associated.—Richard B. Faulkner, M. D, *Quarterly Epitome.*

Electricity in Obstetrics.—Since October, 1883, Tipjakow has made use of a peculiar sound for the purpose of applying the electric current directly to the uterus. This consists of an elastic sound through which run two isolated wires whose extremities approach each other near the olive tip of the sound. After having reported in detail three observations he offers the following conclusions (*Deutsche Med. Zeit.*, Nov. 17, 1884):

1. The electric current is an energetic, simple and inoffensive means of stimulating uterine contraction. The indications for its use are the induction of premature labor, atony of the uterus and post-partum hemorrhage.

2. As the intensity of the contractions promotes the rapidity of dilatation of the neck, the faradic current may be employed to this end.

3. In the period following confinement, one can by the aid of electricity obtain more regular and complete involution of the uterus.

4. In cases of puerperal endometritis the faradic current acts by stimulating contractions and so causing the evacuation of the uterine cavity, which frees it more rapidly of the altered products of secretion.—*Weekly Medical Review.*

Ergot in Treament of Dysentery.—Twenty-one cases of dysentery in children, reported by Dr. G. L. Magruder, of Washington, were treated with fluid extract of ergot, five to twenty drops four or five times a day. Almost every case immediately responded to treatment, and was either entirely relieved or much improved.—*Va. Med. Reporter.*

Hay Fever and its Successful Treatment.—From the *N. Y. Med. Journal,* Dec. 6, 1884:—As a *resume* I would submit the following: That hay fever is an idiosyncrasy existing in certain individuals, to become influenced by certain emanations or irritating substances.

That the idiosyncrasy is accompanied by a chronic hyperæsthesia of that part of the nasal mucous membrane covering the inferior and middle and turbinated bones, the middle meatus, the floor of the nose, and that part of the septum below the limit of the olfactory membrane.

That organic alteration of those parts annuls that hyperæsthesia, preventing at the same time what symptoms the patient may be liable to in the course of an access.

That any destructive agent will induce that organic alteration, but that the galvanic cautery is by far the best, being painless, effective, and devoid of all danger when used in practiced hands.

That, in order to obtain a satisfactory result, a sufficient number of applications must be made, covering the entire extent of the over-sensitive surface, without which the result will be doubtful.

Now, gentlemen, permit me to state, in conclusion, that prior to last Saturday, and *after this paper had been written,* I knew nothing of Dr. Roe's (of Rochester) theory of hay fever, his method of treatment, and his results. The contribution I have just had the honor of presenting to you embodies precisely those views, and the results shown indicate evidently that the theory is the true one.—Charles E. Sajous, M. D., *Quarterly Epitome.*

A New Treatment for Neuralgia.—The latest agent introduced for the relief of neuralgia is a one per cent. solution of hyperosmic acid, administered by subcutaneous injection. It has been employed in Billroth's clinic in a few cases. One of the patients had been a martyr to sciatica for years, and had tried innumerable remedies, including the application of electricity no fewer than two hundred times, while for a whole year he had adopted vegetarianism. Billroth injected the above remedy between the tuber ischii and trochanter, and within a day or two the pain was greatly relieved, and eventually it quite disappeared. It would be rash to conclude too much from these results, in the face of intractibility of neuralgia to medication, but if it really proved to be as efficacious as considered, hyperosmic acid will be a therapeutic agent of no mean value.—*Ex.*

Opium Habit.—Dr. A. A. Post, of New York, thus describes his method of treating the opium habit: "A sudden reduction in the quantity of opium indulged in; not an immediate and total cessation of its use—which would be injurious—but a reduction in quantity covering a week or two weeks, and accompanied with stimulants of a different kind, such as hyoscyamus, belladonna, etc., until a cure is effected."

Under this method of treatment, he thought that every case not connected with a chronic painful affection could be cured. The after-treatment is similar to that pursued in cases of typhoid fever.

Alvelos: A New Cure for Cancer.—The plant commonly known by the name of alvelos belongs to the euphorbiacæ, and is indigenous to Pernambuco. Dr. Velloso, of that province, states, in a communication to the *Journal de Receife*, that a magistrate, who was suffering from epithelioma of the face, and who had returned to his estate despairing of relief, was entirely cured of his disease by the topical application of the juice of the plant. On the strength of this report Dr. Velloso tried the remedy in the case of cancroid of the nose, and in one of epithelioma of the lip, with the result that the first patient was completely cured in forty days, and the second in less than two months. These results, he thinks, justify a trial of the remedy, especially in the uterine cancer. The action of the juice of the plant is irritating, producing a spreading dermatitis without much pain, and the application of the cut stem or the juice of the fresh plant to the diseased part, is said to result in the destruction of the morbid tissue, which is replaced by healthy granulations, doing the work, in fact, of the chloride of zinc paste.—*New York Medical Times.*

The Aspirator in Hydrothorax.—Dr. E. D. Pergurson, after recalling cases in which effusion from idiopathic pleurisy was completely removed by aspiration, only to suffer relapses which eventuated in pyo-thorax and death, warns against the operation, unless dyspnœa compels it or absorption is long delayed. If the object be to relieve dyspnœa, Dr. F. advises to remove just enough to relieve this condition, one pint being usually sufficient. If the object be to stimulate absorption he has found the removal of about eight ounces usually sufficient. Since adopting such a plan he has had no pyo-thorax follow. On the inflamed engorged pleura, with its exudate containing new-formed, thin-walled blood vessels, there exists air pressure from within and fluid pressure from without. To remove at one sitting all fluid pressure is to produce increased vascular supply, rupture of these new vessels, elements favoring suppuration.—*N. Y. M. Jour. St. Louis Med. Jour.*

The Simaba Cedron as a Remedy for Hydrophobia.—Vaillant ("Therap. Gaz.") recommends a preparation made from the seeds of this South American tree as a remedy for hydrophobia. The active principle is a bitter crystaline substance, which dissolves in hot water to form a neutral solution. The writer professes to have cured with it two cases of hydrophobia that had already reached an advanced stage of convulsions.—*New York Medical Journal.*

Phenylhydrazine.—Hoppe-Seyler ("Ztschr. f. phys. Chem."; "Ctrlbl. f. d. ges. Therap.") has experimented with this substance and its salts, and finds that, when introduced into the stomach of rabbits, or injected beneath the skin, they cause a rapid decomposition of the red-blood corpuscles and a setting free of the coloring matter. Very small doses are fatal, their administration being followed by hæmaturia and other symptoms of profound hæmic disturbance.—*New York Medical Journal.*

Amblyopia.—Dr. Gunn (in the Pacific Medical and Surgical Journal) says: In two cases of amblyopia, amounting to almost amaurosis, brought about by excessive use of alcohol and tobacco, hypodermic injections of strychnia were given, and the constant current was applied to the eyes and forehead, and the use of stimulants enjoined. One of the men who came regularly and gave up the use of the pipe and bottle, soon regained his sight fully. The other patient, who, probably, enjoyed his "pipe and toddy" better than electricity, soon ceased to come, though he had improved under treatment. From the benefit derived from this mode of treatment, in several cases of incipient atrophy of the optic nerve, I think that if a patient could have the injections and electricity three or four times a week the progress of the disease could, in many cases, be checked.

Permanganate of Potassium in Amenorrhœa, says an exchange, has been proved to be almost a specific. "Given in doses of from two to five grains three times a day, for several days preceding the menstrual period, this agent is quite sure to start the flow." The cases best suited for its administration are those characterized by torpor, anæmia, or deficient activity of the menstrual apparatus; it is contra-indicated where acute congestion or a general sthenic condition exists. From personal observation the Professor recommends it as a most effective remedy for obesity, its curative action being manifested without any aid from change of diet or exercise.

Cannabis Indica as a Local Anæsthetic.—A. Aaronson writes, in the British Journal of Dental Science, that tincture of cannabis indica as a local anæsthetic is perfectly satisfactory. He has extracted, with its aid, as many as twenty two teeth and stumps at one sitting. His plan is to dilute the tincture some three to five times, according to the probable duration of the operation. The diluted tincture is then applied in cotton-wool to cavities, if such exist, and also about the gums of the affected teeth. The beaks of the extracting forceps are also, after being warmed, dipped in the diluted tincture. In cold weather it is wise to dilute the cannabis indica.—*New York Med. Rec.*

Jacaranda Lancifoliata.—Mennell ("Brit. Med. Jour.") reports fourteen cases of venereal disease in which he used this drug with satisfactory results. Not only did he cure obstinate urethritis, but found it of decided benefit in two cases of secondary syphilis. For gonorrhœa he advises the use of the tincture, in doses of fifteen minims, together with injections of ten minims of the tincture to an ounce of water.—*Ibid.*

The Muriate of Erythroxylon (Cocain) relieves the turgescence of the venous sinuses incident to an ordinary cold. The relief lasts for from twelve to twenty-four hours. The remedy is used in the form of a spray. Bosworth calls attention to its value in this regard, and a considerable observation enables us to confirm his statements.—*Detroit Lancet.*

Jarborandi in Obstinate Hiccough.—Pagenstecher ("Ctrlbl. f. d. ges. Therap."; "Bull. gen. de Therap.") reports a case of hiccough which has resisted every known remedy, including the bromides, morphine, chloroform and electricity. The patient's diaphragm contracted in the most violent manner about twenty or thirty times a minute, and he had been unable to take any nourishment for three days. After receiving four grains of jaborandi-leaves, in the form of a decoction, he had a profuse perspiration, after which the hiccough was completely checked.—*N. Y. Med. Journal.*

Twins Born Four Days Apart.—Dr. James Douglas, of Morristown, N. J., writes: "A very unusual occurrence in the birth of twins has happened lately in my practice, one of the twins, a girl, being born at half past nine on Friday night, January 2, 1885 (breech presentation), and the other, a boy, on the following Tuesday afternoon at twenty minutes to three (head presentation), a difference of three days, seventeen hours and ten minutes. They are eight months children, the girl weighing four and one-half pounds, the boy six pounds. There was only one placenta. The mother is a healthy young woman, twenty-two years of age."—*N. Y. Med. Rec.*

Reduction of Dislocation of the Humerus.—Dr. Gissler's method of reduction:

1. The elbow is pressed against the abdomen and then gently drawn outward until resistance is met with.
2. The forearm is then raised as high as possible toward the opposite shoulder.
3. Then the whole arm is drawn outward, and the operation is finished.

This is a valuable addition to our knowledge of the operations which are daily needed. It is simple, accurate, and may be of use. —*South. Clinic.*

The Treatment of Albuminuria with Chloral.—Dr. Wilson states, in the British Medical Journal, that he has treated a few cases of albuminuria with this drug, and has noticed that by its constant use he was able to cause a complete disappearance of albumen from the urine, the albumen reappearing as soon as the remedy was suspended. The theory of its action is not stated.—*Med. Digest.*

Perosmic Acid in Sciatica.—Merces ("Lancet") has employed hypodermic injections of the acid in eighteen cases of sciatica, with complete success in twelve. From three to five drops of a one-per-cent. solution were injected deep in the region of the sciatic nerve, at a point midway between the tuber ischii and the trochanter major. The writer states that neither local nor general disturbance follows the injection. In some cases immediate relief was obtained after prolonged suffering.—*N. Y. Medical Journal.*

SCIENTIFIC ITEMS.

The Microphotoscope.—Mr. R. G. Mason, of Douglas, Isle of Man, is the author of the following:

The microphotoscope consists of a pair of spectacles, eyeglasses, or an eyeglass, with one or a number of minute photographs arranged in or along the rim of the spectacles, eyeglasses, or eyeglass.

The minute photographs are placed behind suitable minute magnifying glasses, and are so arranged in or along the rims of the spectacles or eyeglasses that the eyes of the wearer may see either one or all of the photographs without moving the spectacles.

The rim in or along which the minute photographs are placed may be either the rim of the spectacles themselves or a detachable rim, which may be applied to any spectacles, eyeglasses, or eyeglass.

The minute photographs may be photographs of written or printed matter, maps, charts, views, landscapes, or any object, or from which a photograph may be taken.

Some of the uses to which the microphotoscope could be applied are the following:

For a student.—The series of microphotographs in the rims of the spectacles might consist of copies of an epitomized grammar, history, or any subject the student wished to study. Thus, the subject he was studying would be constantly before his eyes for reference in his spare moments without the trouble of carrying books about with him.

The rims containing the microphotographs being detachable, he could at any time change the subjects.

A lecturer might have the heads of his lectures photographed and placed in the rims of his spectacles; a lawyer, his briefs; a clergyman, his sermons; a bicyclist, or other tourist, maps, views, and plans of the country through which he traveled; a shopkeeper, a calendar, ready-reckoner, etc.; a timber merchant or builder, cubes, measurements, and rules; travelers on the Continent, list of foreign terms, names of articles, foreign money, tables and so on; a correspondent, an abridged dictionary of technical or difficult words; a member of Parliament, facts and figures relating to the subject of his speech; a doctor, formulæ; a public entertainer, recitations, songs, *bon-mots*, etc.; a musician, whole pieces of music; a detective, criminals wanted.

The inventor says: "It will also be evident that the microphotoscope may be applied to a variety of other uses too numerous to mention."

It will be understood that the spectacle or eyeglass frames may have in them ordinary reading-glasses when worn by those who need them, and when worn by those who do not, they may have either plain glasses or no glasses at all.—*Scientific American.*

A Great Animal.—A greater curiosity in the animal world can not be found than the one that creates the complaint called the itch. This parasite is only a conversion of a root of hair into an animal existence. His body and legs will be found to correspond to a hair bulb and the arms on its sides. The animal is generated when a person is so meanly fed that a hair dies. A use is made of the hair by converting it into an insect of this character. The animal will live only where it is generated, just below the cuticle. No animal on earth will exist except where it is generated, and a departure from this law can not be found.

All that renders a creature of this character smaller than the louse of the head is the smaller size of the hair that gives it being. The form of the insects is the same.

Now, will the only considerable being on earth understand that an insect is only a better development of a plant or animal cell or tissue? All that will ever positively confirm the belief of an existence of a soul of man or any organization, is the discovery that the organization is capable of giving the atmosphere or water the object which is developed in the organization and growth of the insect, animal or human origin. Only when this creation is discovered and understood will the human soul be understood.—*Pro. of Nature.*

Telescopes.—We have seen Jupiter and Saturn through the great Russian telescope of 30 inches aperture and through a telescope of 8¼ inches aperture. The difference in the two views was not so much in the size as in the brighter light thrown upon the objects in the larger telescope. The great telescope is used principally to bring out objects that are invisible in smaller ones. Thus the Washington telescope was renowned by its discovery of the moons of mars. Herschel discovered Uranus with his reflector of 2 feet aperture. Mr. Lassell discovered two moons of Uranus with his reflector of 2 feet aperture. Lord Rosse's reflector is used chiefly for making drawings of nebulæ and lunar scenery. The reflector of the late Professor Henry Draper was used in photographing the Great Nebular of Orion, bringing out stars of the 14th magnitude. But it takes practiced eyes and the devotion of a lifetime to detect these minute and distant objects. The directors of the great observatories are absorbed in their work. They have little time or inclination to reveal celestial wonders to ordinary observers, who are untrained to see what they see or to comprehend the abstruse calculations by which they reach results.

Astronomy is making its way to the heart of the people. A widespread interest is felt in all that partains to the heavens. It is, however, popular astronomy that is demanded. The accounts of eclipses, comets, occulations, are eagerly read, and the movements of the bright planets are followed by thousands of observers all over the country.—*Scientific American.*

Platinum Crucibles, on being ignited, suffer a greater or less decrease in weight when they are new, but after repeated ignition such changes no longer occur.

PRACTICAL NOTES AND FORMULÆ.

A Good Fever Mixture.—When quinine is found to be injurious or ineffective, Dr. Giovanni recommends the following formula:

℞ Ergotine (Bonjean's),.....gr. xv
Tinct. valerianæ.....fl. ʒ ss
Aquæ.....fl. ʒ iij.
M. S. To be taken during the height of the fever or in the period of remittence.

Usually the good effects are obtained after one or two doses, but the remedy should be continued for some time after the subsidence of the fever. In rebellious cases the author substituted with benefit cherry-laurel water, one-half to one-drachm, for the valerian. The best results were obtained in intermittent fevers, but good effects were seen also in remittents, in the hectic of incipient phthisis, and even in puerperal fever.—*Med. and Surg. Rep.*

Counter-Irritants.—A writer in N. E. Med. Monthly suggests the following:

℞ Oleum tigleii.....ʒ j
Ether sulph.....ʒ ij
Tr. iodine.....ʒ v.
M. S.

This excellent counter-irritant is applicable where it is not necessary to produce too much effect. It is particularly nice for children.

The other prescription is stronger and is intended for cases where the doctor wants a more decided effect:

℞ Oleum tigleii.....ʒ ij
Ether fort.....ʒ vj
Tr. iodine.....ʒ ij
Pot. iodide.....ϑ j
Iodine resub.....grs. x.
M. S. Counter-Irritant Fort.—*Theodore Ellwood, M. D.*

Improved Formula for Syrup of Dover's Powder.—I enclose a formula from which I have several times made lots of a gallon at a time, and find that it will keep indefinitely. We have some now in stock that has been made by it for at least six months, and it is apparently as fresh as when just made.

Syrup Dover's Powder—

℞ Sulph. potash.....1 oz. 32 grs.
Hot water.....1 pint.
Sugar.....12 ounces.
Tinct. opium (1870).....7 drachms.
Fl. ext. ipecac.....32 minims.

Dissolve sugar and sulph. potash in the hot water, and evaporate to 15 fl. ounces. Strain, and when cool add tinct. opii and fl. ext. ipecac.

This makes a syrup representing 5 grains Dover's Powder to the fl. drachm.—*Dr. Shaffer in Drug. Cir.*

Chronic Ague.—

℞ Tincture of Cinchonæ Co., } aa.....℥j
Tincture of Capsicum, }
Elixir vitriol.....℥ss
Spt's of Lavender Co.....℥j
Essence of Wintergreen.....℥ss
Quinæ sulph.....℥j.

Mix. Sig. Dose, a teaspoonfull three or four times a day.—*A. N. Cruther, M. D., in New. Eng. Med. Monthly*

Nurse's Sore Mouth.—A writer in American Medical Journal suggests the following as an excellent remedy in this affection:

℞ Mother tincture eupatorium aromaticum.....℥ij
Fluid hydrastis.....℥ij
Water.....℥iijss.

M. S. One teaspoonful every hour.

Pruritus Vulvæ.—

℞ Sodii hyposulphitis.....℥iv
Glycerini.....℥ij
Aquæ destilat.....ad. ℥vj.

M. Sig. As lotion.—Fox.

This simple combination has proved very effective in that troublesome and very annoying malady, pruritus vulvæ, and also in tinea versicolor.—*N. E. Med. Monthly.*

Hypodermic Injection of Apomorphine.—

℞ Hydrochlorate of apomorphine.....grs. ij
Water.....M. 100.
Dissolve and filter.—*Nat. Drug.*

Extemporaneous Solution of Hydrobromate of Quinine.—

℞ Bromide of potassium.....grs. 162
Tartaric acid.....grs. 198
Sulphate of quinine.....grs. 60
Water.....fl. ℥ 3.

Mix and filter.—*Nat. Drug.*

Glycerite of Alum.—Dissolve 1 ounce of powdered alum in 5 ounces glycerin by the aid of gentle heat.

This is recommended by Mr. R. W. Parker as a local astringent as powerful as tannin, but less disagreeable and quite compatible with iron preparations.—*Brit. Med. Jour.*

EDITORIALS AND MISCELLANEOUS.

☞ **Notice.**— Subscribers in arrears are requested to remit their dues at once. Please take due notice and govern yourselves accordingly.

EDITORIAL NOTICES.

SEE advertisement of Peacock Chemical Co. in this issue.

THE following are the officers of the International Medical Congress of 1887:

Dr. Austin Flint, Sr., of New York, President; Dr. Alfred Stille, of Philadelphia, Dr. Henry I. Bowditch, of Boston, and Dr. R. P. Howard, of Montreal, Canada, Vice-Presidents; Dr. John S. Billings, of the Army, Secretary General; Dr. J. M. Browne, of the Navy, Treasurer: and Dr. I. Minis Hays, of Philadelphia, Dr. A. Jacobi, of New York, Dr. Christopher Johnston, of Baltimore, and Dr. S. C. Busey, of Washington, members of the Executive Committee.

THE WORLD'S EXPOSITION.—Only a few weeks remain during which the people can see this grand World's Exposition of the Progress and Development of the vast resources of our country, the marvelously complete exhibit of Mexico, together with the endless collections from all parts of the globe, the whole made more delightful by the sweet music of the Mexican Military Band, with its seventy-three trained musicians, not excelled by any band ever organized. The Exposition closes May 31st, 1885.

PEPTOGENIC MILK POWDER.—We believe this preparation to be excellent for the purpose named. It is prepared by that large and widely known establishment of New York and London known as Fairchild, Bros. & Foster.

Their polite and intelligent agent called on us and exhibited the practical workings of the preparation, presenting us with a sample of humanized mother's milk, the caseine of the cow's milk being modified and predigested and other components so supplied as to constitute a combination physiologically identical with human milk. See the advertisement of this house in our Journal.

ACCOMPANYING the card of Dr. Gaston requesting reports of surgical operations upon the gall-bladder and ducts, there appears in the Medical Press and Circular of London, England, the following unique editorial comment:

"For our correspondent's information, we might mention that, in this country, when an author is engaged in any literary work he usually looks up references for himself, not considering it altogether reasonable to ask strangers to undertake the labor for him. If, however, Dr. Gaston should be fortunate enough to enlist the gratuitous services of any of our readers, it will afford us pleasure to congratulate him on an unexpected success.—ED."

Whether this is intended as a caution to American medical men who may look to English authors for facts connected with their experience, or as a criticism upon the conservative element of the British profession, it most assuredly

is not indorsed by the practice of the English physicians of greatest prominence, nor by those of highest distinction in other countries.

We are happy to know that strangers become friends in the interchange of medical and surgical information between the members of this brotherhood. Dr. Gaston has received ample evidence of professional courtesy from English and other European colleagues in the valuable data furnished on the surgery of the gall-bladder, and authorizes us to express his appreciation of their generosity, the opinion of the Press and Circular to the contrary, notwithstanding.

CANCER.

The cases of the late Senator Hill and of Gen. Grant seem to have excited increased activity in the investigation of malignant affections. We are glad to note that the articles of our correspondent, Dr. H. M. Lawson, relative to the curative power of arsenic in cancerous diseases, have attracted the attention of certain prominent observers in the Profession In this issue of our Journal may be seen an article by Dr. J. McF. Gaston, Professor of Surgery in the Southern Medical College of Atlanta, in which the efficacy of arsenic in modifying, if not in actually removing, the cancerous diathesis is forcibly illustrated. It is certainly an important point gained that a remedy is found which counteracts the destructive process of this terrible disease. It shows that the prevailing tendency on the part of the regular Profession of abandoning this class of diseases as hopelessly incurable is wrong, and gives strong ground to hope that, in arsenic, we have an agent which, heroically and properly used, may enable us to cope successfully with this awful and hitherto hopeless malady.

DEATH OF DR. FEW.

We are pained to learn that Dr. T. S. Few, of South Carolina, the young gentleman who recently received the first honor at the late commencement of the Southern Medical College, was seized with Pneumonia soon after reaching his home in South Carolina, and died after a short illness. Dr. Few was a young man of many excellent qualities. By extraordinary study and diligence he so far overcame the disadvantages of a limited education as to secure the prize for the first honor in a large class of intelligent young gentlemen, and with high hope and brilliant anticipations for the future he left for his home to enter upon the duties of the Profession; but, like a flower nipped by the untimely frost, he was cut down and is now numbered with the departed. This mysterious Providence will bring sadness and sorrow to numerous collegemates and to many here, whose friendship he had secured by his kind and genial deportment.

CHARGE TO THE GRADUATING CLASS OF THE SOUTHERN MEDICAL COLLEGE MARCH 4TH. 1885, BY PROF. THOMAS S. POWELL, M. D.

My young professional brethren, up to this hour you have been my students, but with the pleasant ceremony of presenting you with a diploma you are now by the laws of Georgia Doctors of Medicine, and your own arbiters of professional status in the future.

As I feel most profoundly the grave and almost sacred significance of a physician's life and duties, I do not think an occasion like this should be made one of levity or frivolity. I would not, however, discourage an ardent enthusiasm in the pursuit of success in your chosen profession, for this is always a most desirable element in any laudable ambition, and in fact, is a divine impetus to great and heroic achievements

upon life's fields of honor. But, at the same time, there is a seriousness and dignity about the very nature of the science and practice of medicine that should never be lost sight of in all that pertains to its relations.

Oliver Wendell Holmes says, that he "dare not place any gift, however beautiful, or any success, however brilliant, above the talent or the skill which can relieve a single physical pain, and the self-devotion that lays them at the feet of the humblest fellow creature."

I am sure that you feel the humanity and responsibility of the profession you have chosen, which if regarded in its true and complete aspects, is indeed "a high and holy calling"

I therefore trust that this consciousness of the obligations you now assume, will ever lead you by words and deeds to illustrate the ministry of medicine in its noblest and most exalted significance.

This is best done by a moral observance of all the virtues that exalt and ennoble manhood, as well as by the eminence of the medical skill you may acquire and the faithful discharge of your professional duties towards your fellow men, whether they be of high or low estate. In fact, the noblest exposition of a physician's life is his professional sympathy and benevolence towards the suffering and destitute poor of the community in which he has cast his lot. It is in this direction he can best imitate not only some of the most noted practitioners of medicine in modern times, but can also follow in the footsteps of his Divine Exemplar, whose life was one continuous act of doing good.

It is apparent to all thinking minds that a spirit of irreverence for pure and sacred things, and of lawless indifference to moral obligations, generally, is too prevalent among all classes of people, and is the one great cause of the deplorable demoralization in communities and among individuals of all avocations and professions.

I beseech you, gentlemen, not to let such a spirit enter into your professional career and blight its present fair promise of golden deeds and honorable eminence.

Respect all rights and privileges of your brethren in the profession. Revere the integrity and purity of men's principles, motives and actions; and writing truth and virtue upon your hearts, strive to emulate all the graces of the soul that aid in molding the character of the noble man, the Christian gentleman and physician.

In the distinction of character no man should seek to have a more eminent place than the physician. He may have a medical record of brilliant repute, and attain the highest honors in the profession, but these only form the glittering apex of the fabric, the base of which should be character molded in the solidity of granite, yet with the polish and lustre of Carrara marble. Incorruptible morals should be the corner-stone- firmness, integrity, prudence, truth, tenderness, gentleness, and a sympathetic heart to feel for every ill to which suffering humanity is heir, should be engraved in jewelled characters on the entire structure.

To be a Doctor in the true and original sence of the word you must possess a cultivated heart and mind. Such a man is the noblest creation of Almighty Power, and in the wide universe of things stands indisputably pre-eminent and transcendent. As Mont Blanc, the monarch of mountains, rears proudly and majestically its heaven scaling summit above the clouds and reflects forever the brightest and earliest beams of a gorgeous sun, so do men with highly cultivated hearts and minds shine conspicuous and tower above all of their less favored fellow citizens. Therefore, in the scale of existence, superiority of mind and heart constitutes the only true criterion of greatness, and alone entitles man to the appellation of Doctor of Medicine.

Suffer me then, my young brethren, to entreat you in these, my parting words, to consider the importance of religion to yourselves, your country and the world. Determine to be Christians—always remembering that he only is a real man who discharges his duty in the fear of God. To do this, let me exhort you to resolve this night to live worthy of your noble profession—to do good and avoid vice if you go to the stake. No matter whether right is popular or convenient, adhere to virtue. Make this resolution and then prefer to give your life away before you will budge from it. Let the world, as it will, say you are too rigid—this same world will still respect you. As certainly as God lives in Heaven you will be vindicated and successful.

My young friends, ponder these thoughts, weigh them, and may God sanctify them to great and good results.

Methinks I hear the whisper from your lips: "Vissimus—the day is ours, the

work has begun." Oh, that I could explore the mysterious future and promise that it should be to you a delightful stream with fruits and flowers on its banks, that you should see nothing but bright suns, crimson skies and rainbows, verdant hills and luxuriant fields adorned with golden trees and roseate hues. But I can only hope that it will ever have far more of life's sunshine than its clouds. But should you have troubles, be not discouraged. At best, life must have its trials. After all you may do in the cause of truth and the right, even then an unjust punishment may be inflicted upon you.

A great philosopher was once doomed to die. A friend visited him filled with pity.
"I am sorry you are going to die innocent," said the visitor.
"What," returned the philosopher, proudly, "would you have me die guilty?"

What a lesson my young brethren to teach you the great truth that without the Bible and the religion it teaches you can have no solid happiness on earth or hope of felicity hereafter, and that the troubles that beset the good man in most instances prove at last to be the chained lions of good old Bunyan. That God is never asleep, that He loves His children, that He is on their side against all enemies, whether in the shape of flesh or devils; and although He may not slay them as He did the two hundred and fifty princes who rebelled against Moses and Aaron, "with fire from the Lord," or "open the earth and swallow them" as He did Korah, Dathan, and Abiram, still God lives and reigns and He has declared that though hand join in hand, the wicked shall not go unpunished.

Therefore, above all things, fix to-night a high basis for future life and adhere to it. Resolve to go forward from this rostrum, to-night, with a brave heart and manly energy to overcome and conquer every obstacle to your success, and when the results of your action and your energies are seen in your growing prosperity and your upward course, then the demon Jealousy in some dark deceptive bosom, may, perhaps, hurl her darts—point them with destruction—and with the force of slander's tongue, aim them at your fair name; and I regret to say that they will come mainly from members of the medical profession; not from those in the higher and nobler class of Physicians, but in that lower circle, for whom nature and education have done very little in fitting them for their high pretenions. Such men have neither the natural capacity, nor the learning and accomplishments which you and others will have, They seek to run with you in the great race of life, but the clouds of ignorance darken their path, and with jealous rage they fall into the rear, and drag their slow length along.

They see you soar on the wings of fame and fortune, and they too invoke the wings of Genius and the power of talents to bear them up in a little loftier flight. But lo, they have neither the bright pinions of Genius nor the mighty power of Intellect to lift them above the clouds of ignorance, and they grope and trail on, with no higher aim than that of dsepoiling you of the fame and fortune which they can never achieve.

Let me invoke you, my young graduates, to pity and pray for such men, and never condescend to occupy their degraded position by openly contending and discussing with them issues which they will raise, remembering the mousing bat or the hooting owl never attract the notice of the proud eagle, who, heedless of all below him, moves still swiftly on, cleaving the skies in the grandeur of his flight. It is seldom that a falcon towering in her pride of flight is by a mousing owl hawked at and killed.

Let your course be like that of the eagle, all heedless of those below and beneath you; press on to the achievement of a great name and glorious destiny. Do this and you will place yourselves so high in the scale of usefulness and virtue, that the fiery shafts of enemies will never reach your high position.

Finally, gentlemen, you know your duties to yourself, to your profession, to your patients, to your Alma Mater, to each other. Go then, and be eyes to the blind, feet to the lame, and let the blessing of him that is ready to perish come to you. Pursue the course I have suggested. Consecrate your life to honor and usefulness, and whether your life be "robed in sunlight or darkened by trouble and tempest," posterity will embalm your memory, and a greatful world proclaim you a shining light in your own generation, a benefactor to successive generations of mankind. and if I should meet you no more on earth God grant we all "some day" may clasp hands on the fair fields of Eden and teacher and pupils be united forever in one happy, common brotherhood, with God over all.

BOOKS AND PAMPHLETS RECEIVED.

On a New Method of Recording the Motions of the Soft Palate, by Harrison Allen, M.D, Professor of Physiology in the University of Penusylvania. P. Blakiston, Son & Co., 1012 Walnut St., Philadelphia. 1884.

The Physician's Daily Pocket Record, comprising a visiting list, many useful memoranda, tables, etc., by S. W. Butler, M. D. Nineteenth year. New and thoroughly revised, with metric posological table, etc. Edited by D. G. Brinton, M. D. Philadelphia: 1885.

Home Again! A Synopsis of a Tour Abroad, by Edward Borck, A. M. M.D., of St. Louis, Mo. Part I, Professional Observations, Hospitals, International Medical Congress, etc., etc. Part II, Sight Seeings, and general useful information.

Sixteenth Annual Report of the Presbyterian Hospital of the City of New York, for the year ending September 30th, 1884, with the charter, constitution, by-laws, etc. Organized and Incorporated, 1868.

The Hygiene of the Nervous System and Mind. The Relations of the Nervous System to Cholera and its Prophylaxis and Neurotherapy. The Cure and Prevention of Dyspepsia as a Nervous Disease. The Neuropathic Diathesis; its Quarantine and Treatment. By C. H. Hughes, M.D., St. Louis, Lecturer on Psychiatry and Neurology, St. Louis Medical College.

Address in Medicine, delivered before the Medical Society of the State of Pennsylvania by W. H. Daly, M.D., of Pittsburg, one of the vice presidents of the American Laryngological Association, Senior Physician for Diseases of the Nose, Throat and Chest to the Pittsburgh Free Dispensary, Pittsburgh, Pennsylvania, etc.

The Phosphates in Nutrition and the Mineral Theory of Consumption and Allied Wasting Diseases, an entirely new and successful treatment, as suggested by the observations and experiments of M. F. Anderson, M. D., Licentiate of the Royal College of Physicians, Edinburgh, Member Royal College Surgeons, England. Presented by Charles H. Phillips, Manufacturing Chemist, New York.

The Physiological Effects and Therapeutical Uses of Hydrastis, by Roberts Bartholow, A.M., M.D., LL.D, Professor of Materia Medica and General Therapeutics in the Jefferson Medical College of Philadelphia, etc.

The Role of Bacteria in Infectious Diseases, by Henry O. Marcy, A M., M.D., Boston, U. S. A., President of the Boston Gynæcological Society, late President of the American Academy of Medicine, Member of the International Medical Congress, etc.

A Practical Treatise on Palatable Prescribing, containing the favorite formulary of the most eminent Medical and Surgical Authorities, collated from their published writings and private records, and embracing a resume of the most eligible prescriptions for the administration of recent additions to the materia medica, by B. W. Palmer, A.M., M.D., author of Favorite Prescriptions of Distinguished Practitioners, Member of the New York County Medical Society, the New York Medico-Legal Society, etc. Detroit: George S. Davis. 1884.

Does Tobacco Produce Amblyopia? By W. Franklin Coleman, M.D. M.R.C.S. Eng., Baltimore, Md., Professor of Diseases of the Eye and Ear, Baltimore Polyclinic and Post-Graduate Medical School; formerly Surgeon to the Toronto (Canada) Eye and Ear Infirmary, and Ophthalmic and Aural Surgeon to the St. John (N.B.) Gen. Pub. Hospital.

RECEIPTED.

1885.—Drs. L. M. Johnson to July, J. R. Wilson, R. C. Wyly, J. Dillworth, Jeff. Willcox.

1884.—Drs W. H. Peek, G. M. McMillan, J. A. Holloway to July, James Alston, E. K. Miller, Thos. A. Lehman, R. Middlebrooks, Evan T Jones, M. M Denham, Joseph Jolly, Morrison Thompson, James Cater, John McMullan, M. P. Deadwyler,

SPECIAL NOTICES.

The Popular Science Monthly for March is a very interesting number. It is justly regarded as the leading journal of its kind in the United States. It deals with both practical and theoretical subjects of science and has wide and growing popularity with the most advanced and profound thinkers everywhere

Published by D. Appleton and Co., Nos. 1, 3 and 5 Bond Street, New York City, at $5.00 per annum.

Parvules.—Among the improvements and conveniences of modern pharmacy must be classed the PARVULES of that excellent and reliable Drug House of William R. Warner & Co., of Philadelphia. They have proven especially acceptable to the busy practitioner, in that he is enabled to grade the dose to any desirable quantity suited to any age. Being exceedingly small, and sugar-coated, children will usually take them without trouble; and, in the case of nervous and delicate females, and all that class of fastidious persons, who are so apt to take up with homœopathic methods, the PARVULES meet with ready acceptance. It is evident, from the certainty and efficiency of their action, that the PARVULES are prepared with great care, and of the very best materials.

SEVEN SPRINGS IRON-ALUM MASS.—This excellent remedy is meeting with special favor wherever it has been used. Of its efficiency and importance in the treatment of certain classes and conditions of diseases there can be no doubt. Every physician of experience knows something of the difficulties, as represented in the advertisement on 1st page, and, as there are no lack of such patients, we bespeak for the "IRON-ALUM MASS" a large demand.

Atlanta Surgical Infirmary for males and females, with all the requisite appliances, and having competent attendants and trained nurses, No. 107 Marietta street, Atlanta, Ga., under the direction of J. McF. Gaston, M. D., Professor of Principles and Practice of Surgery in the Southern Medical College.

Stigmata Maidis.—Corn-silk is a new remedy from the fact of the comparatively recent discovery of its properties as an emollient, antiseptic, and diuretic. Under its lenitive action the inflamed surface of the genito-urinary tract, and more particularly, perhaps, of the bladder, as in vesical catarrh, is soothed, and the decomposition of urea into the irritant ammonia salts is checked. The flow of the urine is at the same time augmented, and thus we have a combination of the very effects which an intelligent comprehension of a case of vesical irritation would seem to dictate on the part of the therapeutist. Messrs. Parke, Davis & Co., who were the first to place a preparation of stigmata maidis before the profession of this country, with the return of the season have laid in a large supply of the drug in anticipation of a continuance of its popularity.

Sturgeon, Mo., April 19th, 1884.

Have used **Tongaline** in many cases of rheumatism with marked success. The most important one was that of a patient, age fifty-one, who has been a sufferer of that disease for forty years. In one of his severe attacks I prescribed TONGALINE, and upon the fifth day he was able to be out, and also to attend to his business. Have given TONGALINE a fair and impartial trial, and think it the best remedy I have ever found for rheumatism. B. F. DAVIS, M. D.

Dr. J. S. Pemberton & Co., Drug and Chemical Brokers and Manufacturers' Agents, Atlanta, Ga. Drug stores bought and sold. Physicians bills and orders a specialty. Send for prices. Correspondence solicited.

Battle & Co., Chemists, St. Louis.—This is a splendid House. Their preparations possess real merit, and are growing in popularity with the Profession everywhere. They are live men, energetic and reliable in their dealings, and prompt in business transactions. They keep an advertisement in this Journal, which our readers are invited to examine carefully, and we doubt not they will be both interested and profited thereby.